

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40090**  
**10840**  
Registrar's No.

FILED DEC 6 1947 **318**  
Registration District No.

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community Life time  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Harry Ramlose

**3. (b) If veteran,** name war None

**3. (c) Social Security No.** 490-12-6953

**4. Sex** Male **5. Color or race** White

**6. (a) Single, widowed, married, divorced** Single

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** August 12, 1890  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>57</u>	<u>3</u>	<u>12</u>	_____ hr. _____ min.

**9. Birthplace** St. Louis, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Clerk, City Hall

**11. Industry or business** City of St. Louis

**12. Name** Christian E. Ramlose

**13. Birthplace** Denmark  
(City, town, or county) (State or foreign country)

**14. Maiden name** Annie M. Oquist

**15. Birthplace** Sweden  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. E. S. Pitzman

**(b) Address** 5922 Enright Ave.

**17. (a) burial** **(b) Date thereof** 11/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Bellefontaine Cem.

**18. (a) Signature of funeral director** Wagoner Mortuary

**(b) Address** 4161 Lindell Blvd.

**19. (a)** NOV 26 1947 **(Date received local registrar)**

J. F. Breda **(Registrar's signature)**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5922 Enright Ave.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month November day 24  
year 1947 hour 8 minute P. M.

**21. I hereby certify that I attended the deceased from** Oct 21 - 1947  
1947, to Nov. 24, 1947.

that I last saw him alive on November 24 (6 PM), 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction  
acute onset Oct 19th - then  
severe obstruction Oct 21 - complicated  
Due to by widespread peritonitis with  
high fever. By fasting plus  
Due to peritonitis secondary to  
then a generalized total obstruction  
Other conditions Presumably due to  
(Include pregnancy within 3 months of death)  
gallbladder leakage - with pyelitis

**Physician** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations See account of extensive  
obesity, no operative intervention.  
Of autopsy no autopsy -

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature Marj Pitzman M.D. (M. D. or other) \_\_\_\_\_

Address 6 Kingsbury Place Date signed Dec 25 1947

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Robert T. Sangster

Licensed Embalmer No. 4290

P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**